# Meeting Minutes 10/23/20

* Attendees:

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| Amy Hutchinson – Lifeskills | Anne Embry – Lifeskills LRC | Barb Greene – KPFC PSCs |
| Leslie Bentley RVBH CSD | Christy Probus – Audubon FPP | Dawn Crabtree – DCBS SRA |
| Diane McFarling - RVBH | Chris Elmore – DCBS Specialist | Felicia McKisic - Uspiritus |
| Kelly Bradshaw – RVBH | Nellie Arnett – Uspiritus | Robin Gregory – Lifeskills CSD |
| Danielle Zogg – DCBS Specialist | Arnold Brooke – RVBH | Jessica Humphrey – DCBS SRCA |
| Beth Jordan – DBHDID | Tena Robbins – DBHDID | Dee Dee Ward – DBHDID |
| Chithra Adams – UK HDI | Joy Varney – DBHDID | Carol Cecil – KPFC |
| Amanda Metcalf – KPFC | Dyzz Cooper – KPFC | Melissa Elliott – KPFC Training |
| Katy Mullins – DCBS DSR | Jennifer Warren – DCBS |  |

* Importance of Collaboration – see attachment for details.
* SOC History & Overview – see attached PPT
* Overview of Grant Goals – see attached PPT
* First Item of Business – Screener & CANS Roll Out
  + Dawn Crabtree - Chris and Danielle (gatekeepers for prevention services). Out of home care specialists (for out of home care) - enters into GenTrack. Email goes to CMHC and Gentrack sends.
  + Specific counties for rollout is still up for discussion. May consider beginning implementation in the same counties as respite roll out. They have a higher in-home population than most other regions. Maybe thinking one county on both ends to start.
  + Q&A: Screening tools will be the same as for the out of home population and same version of the CANS.
  + Considering adding a TAY module to the CANS
  + Robin Gregory - After getting referral and screening results from gatekeeper. Start services within 10 days if there is no existing relationship. CANS assessment within 30 days. If already a client, skip 10 day timeframe. On provider end, CANS results help with treatment planning. Re administer cans every 90 days or more often. Guides treatment - where progress has been made and where progress is still needed. Can list comments to DCBS on back of CANS.
  + Katie - CANS results also help with case planning and case consultations.
  + Leslie - haven't received any in-home referrals yet. Had meeting recently with outpatient director and working with Dr. Phelps to establish a triggering mechanism for CANS completion once a referral is received.
  + Gerrimy- working with Dr. Phelps to set up the triggering system. This will be for either in-home or out of home. Leslie will enter the client info into EHR and this will trigger the CANS assessments and re-assessments. Gerrimy enters the NOMS data.
  + Important to set up clear processes for sharing screening and assessment results with families and that families know exactly what will/will not be shared with DCBS. Families will get an actual example of the CANS report.
  + Will share this information with Family Peer Support Centers so they can assist families in understanding and USING! their data.
  + Discussing at the state level how best to share CANS reports with families - caregivers and youth.
  + Q: Timeline accommodations due to COVID? No timelines have been established for the in-home population. Timeframes for out-of-home population remain the same.
  + Q: What constitutes a complete packet?
  + Consider inclusion of the Family Peer Support Center Staff as FPSS as screening, referral, and assessment pathway is built.
* Meeting Tasks

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| Action Items | Owner(s) | Deadline | Status |
| Determine DCBS Roll Out for Screeners | Dawn C. & Katy M. | 12/2/20 | [Status, such as In Progress or Complete] |
| Determine CANS referral protocol | Leslie & Robin | 12/2/20 | [Status, such as In Progress or Complete] |
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* Next Meeting: December 2, 2020 9:00 – 11:00am Central Time